

Understanding Your New Cleveland Clinic Billing Statement

Page 1: General Statement Information

Use this guide to understand the different aspects of your Cleveland Clinic Patient Statement.

Message Banner provides information on the age of the open balances. If box is colored **yellow** or **red**, balances are past due.


Description of balance due, with due date and description of payment plan, if applicable. If **blue**, balance is due. If **yellow** or **red**, balance is past due.

Insurance that has been billed for this statement.

Patient payments made since last statement.

CLEVELAND CLINIC
PO BOX 93766
CLEVELAND, OH 44101-9003

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Cleveland Clinic

Thank you for choosing Cleveland Clinic. Your monthly statement is shown below.
Your minimum balance now due is **\$249.64**.

Guarantor Name
Address Line 1
Address Line 2
City, State Zip Code


March 25, 2022
Billing Statement for:

Patient Name
Account Number:
Guarantor #:


MINIMUM BALANCE NOW DUE:
\$249.64

Please pay the minimum balance due by April 15, 2022.


You are on a monthly payment plan of \$201.40. You have other balances due totaling \$48.24; call Customer Service at 866.621.6385 to add them to your payment plan to avoid potential collection activity.

 **Pay Online**
(Recommended)

Log into MyChart at:
mychart.clevelandclinic.org

 **Pay By Mail**

Mail your payment and coupon shown below in the return envelope provided.

 **Pay By Phone**
(Available 24/7)

Call 866.621.6385 to pay by credit card or check for free.

Insurance Billed:
BLUE CROSS BLUE SHIELD

Patient Payments Since Last Month:
\$0.00

Patient's New Balances:
\$48.24



Total Patient Balance:
\$1,458.01

Balances pending with insurance, or payments made on them, may not show until your insurance has finished processing your claim.

Thank you for enrolling in MyChart.

Detach and return with payment. Please make checks payable to Cleveland Clinic and write your Account Number on the check.

Pay With Your Smartphone
Search **Papaya Pay** in the App Store or pay online at www.papaya.com/pay

Credit Card Number _____

Expiration Date (MM/YY) _____

Cardholder Name _____

Cardholder Signature _____

Please do not combine payments into one check. Pay each statement separately.

Patient Name _____ March 25, 2022

Account Number: _____

Please Pay by April 15, 2022 **\$249.64**

Amount paid: \$ _____

CLEVELAND CLINIC
PO BOX 89410
CLEVELAND, OH 44101-6410

Statement Date, Patient Name, and Account Number

Three different ways to pay your balance: Online, Mail or Phone

New patient balances added since last statement


Total patient balance remaining

If paying through the mail, detach the bottom of this page and include with your payment. If paying by check, include the account number on the check. If paying with a credit card, fill out all the required credit card information here.

Page 2: Summary of Financial Assistance

Page 2 describes financial assistance information. Please review, and contact customer service as needed.

Page 3: Description of Charges


Cleveland Clinic

March 25, 2022
 Billing Statement for:
 Patient Name
 Account Number: E

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OPEN BALANCES

Details of your balances are totaled below. Balances pending with insurance, or payments made on them, may not show until your insurance has finished processing your claim.

Date of Service	Charge Description	Total Charges	Insurance Payments	Insurance & Other Adjustments	Previous Patient Payments	What You Paid Last Month	Remaining Patient Balance
3/9/2022	Reference # 000000000 Cleveland Clinic Professional Jonathan M Youngner, MD, MD RADIOLOGIC EXAM KNEE COMPLETE	73.00	0.00	-24.76	0.00	0.00	48.24
Total Activity		73.00	0.00	-24.76	0.00	0.00	48.24
TOTAL NON-PAYMENT PLAN AMOUNT DUE BY APRIL 15, 2022							48.24

PAYMENT PLAN BALANCES

Your payment plan of \$201.40 per month includes all services shown below. New balances may be automatically added to your plan, increasing its duration, but not monthly amount. Large balances that would increase your monthly payment amount are not auto added. Call Customer Service to add balances to your payment plan.

Date of Service	Charge Description	Total Charges	Insurance Payments	Insurance & Other Adjustments	Previous Patient Payments	What You Paid Last Month	Remaining Patient Balance
9/1/2021	Reference #111111111 Marymount Hospital Charges PHARMACY LABORATORY - PATHOLOGY ANESTHESIA RECOVERY ROOM GASTRO-INTESTINAL SERVICES	19.55 1,096.00 1,567.00 452.00 4,659.00					
	Total	7,793.55	-153.98	-5,441.05	-800.00	0.00	1,398.52
11/22/2021	Reference #222222222 Cleveland Clinic Professional Adnan K Raed, MD OFFICE/OUTPATIENT ESTABLISHED	103.00	-45.00	-46.75	0.00	0.00	11.25
Total Activity		7,896.55	-198.98	-5,487.80	-800.00	0.00	1,409.77
TOTAL MONTHLY PAYMENT PLAN AMOUNT DUE BY APRIL 15, 2022							201.40

Open Balances: Details any outstanding charges not on a payment plan.

Details any balances on a payment plan. This box will only appear if there is an active Payment Plan.

Statement Date, Patient Name, and Account Number

Other balance sections may include:

- Payroll Deduction
- Balances Sent to Collections

Column Descriptions

Date of Service is the date the service was provided.

Charge Description shows Reference Number used by Cleveland Clinic to identify a particular charge, followed by Facility Location, Physician name (if applicable), and a description of each charge.

Total Charges shows the amount billed to insurance or patient.

Insurance Payments displays payments made by insurance. Payments display as a negative number.

Insurance & Other Adjustments are all insurance or other adjustments credited to this charge.

Previous Patient Payments displays the total amount of patient payments applied to a specific charge prior to the current statement.

What You Paid Last Month are payments that have posted to this charge since the last statement date.

Remaining Patient Balance is any amount still due on the charge requiring payment. This will display highlighted in yellow or red if the bill is past due.

Contact Box

This displays general contact information and instructions for submitting a disputed statement or charge.



Written disputes should be mailed to:

Cleveland Clinic Dispute Resolution Department
6801 Brecksville RD. STE 20 RK 60
Independence, OH 44131-9980

Please include the following information:

Your name and account number, the charge in question and why you feel it is inaccurate.



Physicians who practice at our community hospitals may be private practitioners and may send you a separate bill for their services.



Contact Us By Phone

877.236.2247 or 216.636.8500
8 a.m.–6 p.m. EST Monday–Friday

Póngase en contacto con nosotros por teléfono
Llame de lunes a viernes, de 8 a.m.–6 p.m.



Contact Us By Mail

Cleveland Clinic
Customer Service
9500 Euclid Avenue RK2-4
Cleveland, OH 44195



Chat with us at: clevelandclinic.org/help